



REQUEST FOR AMENDMENT

RELIASTAR LIFE INSURANCE COMPANY
A Member of the ING Family of Companies
Administrative Office: P.O. Box 20, Minneapolis, MN 55440

Please confirm the following information:

Group Name: Nueces County
Group Number: 634719
Effective Date of Amendment: **October 1, 2012**

Amendment:
Add an aggregating deductible of \$50,000
Change TPA to Health Smart

Applies to the following product(s)/coverage(s):
Individual Excess Risk

Account Number: 1
Class: n/a

Signature: _____ See signed renewal letter _____ Date: _____

Printed Name: _____

Title: _____

Should you have any questions or concerns regarding this request, please feel free to contact me at the telephone number below.

ING Internal Servicing/Sales Information
Primary Selling Office: Houston
Primary Servicing Office: Dallas
Primary Sales Representative: Tiffany Perhala
Primary Client Representative: Gayle York

AMD